

PTO/SB/01 (08-03)

Approved for use through 07/31/2003. OMB 0551-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

DLL1223

First Named Inventor

Mark Floyd Basram

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Bottle Cap Including an Additive Dispenser

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


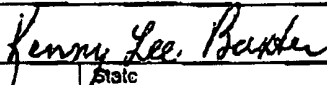
(Page 1 of 2)

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DECLARATION -- Utility or Design Patent Application

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| Country | Telephone | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| <u>MARK FLOYD</u> | | <u>Basham</u> | |
| Inventor's Signature | | Date | |
|  | | <u>08-05-03</u> | |
| Residence: City | State | Country | Citizenship |
| <u>Willis</u> | <u>TX</u> | <u>USA</u> | <u>USA</u> |
| Mailing Address | | | |
| <u>205 W. Mink</u> | | | |
| City | State | ZIP | Country |
| <u>Willis</u> | <u>TX</u> | <u>77378</u> | <u>USA</u> |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| <u>Kenny Lee</u> | | <u>Baxter</u> | |
| Inventor's Signature | | Date | |
|  | | | |
| Residence: City | State | Country | Citizenship |
| <u>Dallas</u> | <u>TX</u> | <u>USA</u> | <u>USA</u> |
| Mailing Address | | | |
| <u>4439 Shadow - Glen Dr.</u> | | | |
| City | State | ZIP | Country |
| <u>Dallas</u> | <u>TX</u> | <u>75287</u> | <u>USA</u> |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02UR attached hereto. | | | |

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|------------------------|--|
| Application Number | |
| Filing Date | |
| First Named Inventor | Mark Floyd Basham |
| Title | Bottle cap including an Additive Dispenser |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | DL1223 |

I hereby appoint:

☒ Practitioners at Customer Number:

24356

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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| Address | | | | |
| Address | | | | |
| City | State | Zip | | |
| Country | | | | |
| Telephone | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|------------------|-----------|--------------|
| Name | Kenny Lee Baxter | | |
| Signature | Kenny Lee Baxter | | |
| Date | 8-15-03 | Telephone | 214-215-5407 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of two forms are submitted.

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| | | |
|---|----------------------|--|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | |
| | Filing Date | |
| | First Named Inventor | Mark Floyd Basham |
| | Title | Bottle Cap Including an Additive Dispenser |
| | Art Unit | |
| | Examiner Name | |
| Attorney Docket Number | DLL 1223 | |

I hereby appoint:

☒ Practitioners at Customer Number: 34356

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | | | Fax |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Mark Floyd Basham | | |
| Signature |  | | |
| Date | 08-05-03 | Telephone | 936 536 3691 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of one forms are submitted.

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